Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

BEST AVAILABLE COF

Chooper Colors													
CLAIMS AS			(Column		(Column 2)		-	SMALL ENTITY TYPE		OR		OTHER THAN	
TOTAL CLAIMS			1.0				1	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	CR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			/ Ominus 20=		. Ø 1			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		• 1			X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	240	
CLAIMS AS AMENDED - PART II							١	SMALL E	NTITY	OR	OTHER SMALL		
_		(Column 1)			HEST	(CONSTITUTION	וו		ADDI-			ADDI-	
YT A		REMAINING AFTER		PREV	ABER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
AMENDMENT A	Total	* ()	Minus	*()	<u> </u>	3	1	X\$ 9=		OR	X\$18=		
ME	Independent	. 2	Minus	***	3_			X42=		OR	X84=		
۷	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	IT CLAIM		j .	+140=.		OR	+280=		
							•	TOTAL		OR	TOTAL		
ADDIT. FEEON ADDIT. FEE													
	210010	(Column 1)			ımn 2)	(Column 3	_						
		CLAIMS			HEST MBER	PRESENT	ı		ADDI-			ADDI-	
		REMAINING AFTER		PRE	OUSLY	EXTRA	I	RATE	TIONAL	l	RATE	TIONAL	
AMENDMENT B		AMENDMENT		PAI	FOR		4		FEE	i i		F55	
	Total	- 10	Minus	ے 🕶	<u> 귓</u>	-	4	X\$ 9=		OR	X\$18=		
AME	Independent	• <u> </u>	Minus	PENDE	T CLAIM	<u> </u>	-	X42=		OR	X84=	ļ	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR	ADDIT. FEI		
6 10 0 (Column 1) (Column 2) (Column 3)													
r		CLAIMS			HEST		7		ADDI-	1		ADDI-	
S F		REMAINING AFTER AMENDMENT		PRE	MBER MOUSLY D FOR	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	• / 0	Minus	* *C	20	-		X\$ 9=	1	ОЯ	X\$18=		
E S	Independent	· 2	Minus	***	3	=	4	X42=		OR	X84=		
Ľ	FIRST PRES	ENTATION OF I	MULTIPLE DE	PENDE	NT CLA!	M []	٢	+140=		OR			
١.	* If the entry in column 1 is less than the entry in column 2, write "0" is column 3.								 	4	TOTA	- 1	
_	* If the entry in column 1 is less than the entry in column 2, write "0" is column 3. * If the T-lighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **ADDIT. FEE **OPTION THIS SPACE Is less than 3, enter "3." **TOTAL OR ADDIT. FEE **OPTION THIS SPACE Is less than 3, enter "3." **TOTAL OR ADDIT. FEE												
l "	"If the "Highest N The "Highest Mis	umber Previously mber Previously i	Paid For (Total	rio orrico or indepe	ndeni) is t	he highest our	nber f	ound in the a	ppropriate b	ax in c	polumn 1.	·	

FORM PTO-075 (Flox 8/01)

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